What to Expect on October 1, 2015

Countdown to ICD-10 February, 2015



Agenda

- Welcome
- Who, What and Why of ICD-10
- The Basics
- Overview of Changes
- Submission of Claims
- Impact of Non-Compliance
- Getting Ready for Transition
- Where to Find More Information
- Q & A





WHAT ARE ICD CODES?

- ➤ICD-9-CM was developed by the World Health Organization (WHO) for worldwide use in 1979.
- ➤ICD-9 is over 30 years old. Technology has changed, many categories are full, and it lacks sufficient detail.







WHY IS CMS MANDATING THIS CHANGE?

- ➤ Provides diagnosis and procedure codes that better reflect the patient's medical conditions and treatments
- ➤ Higher quality data to better assess medical care and outcomes
- Flexible and easier to update as technology, healthcare, and medicine continue to evolve





WHO MUST USE ICD-10 CODES?



Required for anyone covered by the Health Insurance Portability and Accountability Act (HIPAA)

Anyone who submits claims using ICD-9 diagnosis codes must make the switch.





WHAT IS THE DEADLINE?



On October 1, 2015 the ICD-9 code sets used to report medical diagnosis & inpatient procedures will be replaced by ICD-10 code sets.





ICD-10 OVERVIEW OF CHANGES

Diagnosis Codes

ICD-9

3-5 digits

ICD-10

3-7 digits

Procedure Codes

ICD-9

3-4 numeric digits

ICD-10

7 alphanumeric characters

Number of Codes

ICD-9

15,000 codes

ICD-10

155,000 allowable

70,000 codes assigned





SAMPLE COMPARISON – ICD-9 VS ICD-10

ICD-9-CM

Angioplasty - 1 code (39.50)

ICD-10-PCS

Angioplasty codes - 854 codes

Specifying body part, approach, and device, including:

047K04Z – Dilation of right femoral artery with drug-eluting intraluminal device, open approach

047K0DZ – Dilation of right femoral artery with intraluminal device, open approach

047K0ZZ – Dilation of right femoral artery, open approach

047K34Z – Dilation of right femoral artery with drug-eluting intraluminal device, percutaneous approach

047K3DZ – Dilation of right femoral artery with intraluminal device, percutaneous approach

Sample from http://www.cms.gov/Medicare/Coding/ICD10/downloads/ICD-100verview.pdf





SUPER BILL – ICD 9

Family Practice Management Superbill Template From the American Academy of Family Practice (AAFP) Family Practice Management Toolkit

(mp. mm.sup.org prints occordence.mm)					
Date of service:	Wainet?				
Patient name:	Insurance:				
	Subscriber name:				
Address:	Group #:	Previous balance:			
	Copay:	Today's charges:			
Phone: DOB: Age: Sex:	Account #:	Today's payment: check#			
DOB: Age: Sex:	Physician name:	Balance due:			

			Copay:				Today's charges:					
Phone:		Account 8:				Today's payment: check#						
DOE		Age:	Sec		Phys	ician name:			Balan	ce due:		
_												
MAK.	Office visit		New	Est	SCS.	Office procedures		_	MAN	Laboratory		_
_	Minimal Problem focused		99201	99211	-	Anoscopy Audiometry		46600 92551	-	Venipuncture		36415 82963
-	Expanded problem	forward	99201	99212	⊢	Cerumen removal		92551 69210	-	Blood glucose, monitoring device Blood glucose, visual dipstick		82962
-	Detailed	recused	99202	99214	\vdash	Colposcopy		57452	\vdash	CBC, w/ auto differential		85009
_	Comprehensive		99203	99215	\vdash	Colposcopy w/biopsy		57455	+	CBC, w/auto differential		85023
-	Comprehensive (n		99205	77417	-	ECG, w/interpretation		93000	+	Cholesterol		8746
-	Significant, separa		-25	-25	-	ECG, rhythm strip 9308			+	Hemoccult, guaiac		82270
	Well visit	it serrice	New	Est	-	Endometrial biopsy		58100	+	Hemoccult, immunoassay		82274
_	<1 y		99381	99391	-	Flexible sigmoidoscopy		45330	+	Hemoglobin A1C		8500
-	1-4 y		99382	99392	-	Flexible sigmoidoscopy w/biop	nv.	45331	+	Lipid panel		8006
	5-11 v		99383	99393	-	Fracture care, cast/splint	7	29	+	Liver panel		8007
	12-17 v		99384	99394	-	Site:			\vdash	KOH prep (skin, hair, nails)		87220
	18-39 y		99385	99395	-	Nebulzer		94640	-	Metabolic panel, basic		8004
	40-64 y		99386	99396	-	Nebulizer demo		94664	-	Metabolic panel, comprehensive		8005
	65 x +		99387	99397		Spirometry		94010	-	Mononucleosis		8630
	Medicare prever	tive services				Spirometry, pre and post		94060		Pregnancy, blood		84703
	Pap			Q0091		Tympanometry		92567		Pregnancy, urine		81025
	Pelvic & breast		G0101		Vasectomy		55250		Renal panel		8006	
	Prostate/PSA					Skin procedures		Units		Sedimentation rate		85651
	Tobacco counselin	g/3-10 min		99406		Burn care, initial	16000			Strep, rapid		8640
	Tobacco counselin			99407		Foreign body, skin, simple	10120			Strep culture		87081
	Welcome to Medic			G0344		Foreign body, skin, complex	10121			Strep A		87880
	ECG w/Welcome t			G0366		I&D, abscess	10060			18		8658
_	Flexible sigmoidos	сору		G0104	_	I&D, hematoma/seroma	10140	_	╙	UA, complete, non-automated		81000
_	Hemoccult, guaias			G0107	_	Laceration repair, simple	120		\vdash	UA, w/o micro, non-automated		81003
_	Flushot			G0008	_	Site: Size:		_	╄	UA, w/ micro, non-automated		81003
_	neumonia shot		G0009	-	Laceration repair, layered	120		\vdash	Unine colony count		8708	
_		onsultation/preop clearance		99242	⊢	Site: Size:	11100	_	⊢	Urine culture, presumptive Wet mount/KOH		8708I
_			99242	-	Lesion, biopsy, one Lesion, biopsy, each add'l	11100	_	-	Wet mount/KOH Vaccines		87210	
-	Comprehensive/m	1 1 2		99244	-	Lesion, tropsy, each add 1 Lesion, destruct., benign, 1-14	17110	_	-	DT. <7 v		9070
-				99245	⊢	Lesion, destruct., benigh, 1-14 Lesion, destruct., premal., single	17110	_	-	DT, <7 y	_	9070
-	Comprehensive/high complexity 5 Other services		77245	-	Lesion, destruct, premail, ea. add1	17003	_	+	DtaP. <7 v		9070	
-	After posted hour			99050	-	Lesion, excision, benign	114	_	+	Flu. 6-35 months		90/65
-				99051	\vdash	Site: Size:	114		\vdash	Flu, 3 v +		9065
-	Home health certification G018			-	Lesion, excision, malignant	116	_	+	Hep A, adult		9063	
-			G0179	-	Site: Size:	110		\vdash	Hep A, ped/adol, 2 dose		9063	
-	Post-op follow-up	DISCAUGH		99024	\vdash	Lesion, paring/cutting, one	11055	_	+	Hep B, adult		9078
-	Protect op follow-up			\vdash	Lesion, paring/cutting, 2-4	11056	_	+	Hep B, ped/adol 3 dose		9074	
-				-	Lesion, shave	113	_	+	Hep B-Hib		9074	
_			99455	-	Site: Size:	113-		\vdash	Hib, 4 dose		90649	
			-	Nail removal, partial	11730		+	HPV		90649		
_					-	Nail removal, wimatrix	11750		-	IPV		90713
					\vdash	Skin tag, 1-15	11200		+	MMR		90707
	Diagnoses					Medications		Units		Pneumonia. >2 v		90732
1					-	Ampicillin, up to 500mg	J0290			Pneumonia conjugate, <5 y		9066
2					-	B-12, up to 1,000 mcg	13420		-	Td, >7 y		90711
3						Epinephrine, up to 1ml	J0170			Varicella		90716
4					-	Kenalog, 10mg	13301			Immunizations & Injections		Units
Nex	t office visit				-	Lidocaine, 10mg	J2001		$\overline{}$	Allergen, one	95115	
Rech	eck Prev	PRN	D W	MY		Normal saline, 1000cc	J7030			Allergen, multiple	95117	
	uctions:				-	Phenergan, up to 50mg	J2550		-	Imm admin, one	90471	
					-	Progesterone, 150mg	J1055			Imm admin, each add'l	90472	
						Rocephin, 250mg	J0696			Imm admin, intranasal, one	90473	
				Testosterone, 200mg	J1080			Imm admin, intranasal, each add				
Referral				Tigan, up to 200 mg	13250			Injection, joint, small	20600			
To: Instructions:				Toradol, 15mg	J1885		\perp	Injection, joint, intermediate	20605			
				Miscellaneous services			Ш	Injection, joint, major	20610			
			⊏					Injection, ther/proph/diag	90772			
										Injection, trigger point	20552	
	ician signature									Supplies		
Phy					1							
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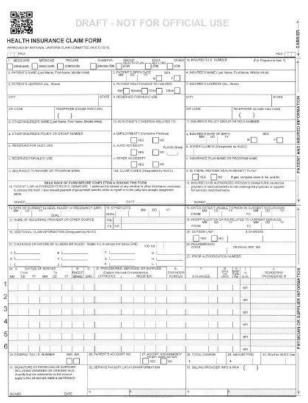


SUPER BILL – ICD 10





CHANGES IN SUBMISSION OF CLAIMS



Forms and processes will change during this transition.

Information on those changes will be posted on the EOHHS website and in the monthly Provider Update, and will be included in trainings throughout the year.





CHANGES IN SUBMISSION OF CLAIMS

Mixing of ICD-9 and ICD-10 codes WILL NOT be allowed.

Date(s) of service will determine which code set to use.

You will need to determine the guidelines for your provider type.









IMPACT OF NON- COMPLIANCE

Providers who are not ready on October 1, 2015 may experience:

- Denied claims
- Additional cost of recoding and resubmission of claims
- Delayed payment

October 1, 2015 is a hard cutover date – implementation will NOT be phased in.







The transition date of October 1, 2015 is quickly approaching....







Getting Ready for ICD-10

Conduct a

Build your

Conduct an impact

Identify key stakeholders

Assess staff training needs

Develop an implementation plan

Let's look at these steps further...





Conduct a readiness assessment

- Have you started to think about how this will impact your practice?
- Do all members of your staff know about ICD-10 and the compliance date?
- Have you thought about the impact on your processes?





What Should I Do to Prepare?

CLINICAL Patient Coverage: Health plan policies, payment limitations, and new ABN forms. PHYSICIANS Superbills: Revisions required and paper super-Documentation: The need bills may be impossible. for specificity dramatically ABNs: Health plans will revise all policies linked NURSES increases by requiring laterto LCDs or NCDs, etc., ABN forms must be refor-· Forms: Every order must ality, stages of healing, weeks matted, and patients will require education. be revised or recreated. In pregnancy, episodes of Documentation: Must care, and much more. use increased specificity. Code Training: Code MANAGERS Prior Authorization: increases from 17,000 to · New Policies and Procedures: Any Policies may change. 140,000. Physicians must be policy or procedure associated with a requiring training and diagnosis code, disease management, updates. tracking, or PQRI must be revised. Vendor and Payer Contracts: All contracts must be evaluated and Budgets: Changes to software, training, new contracts, and new paperwork will have to be paid for. · Training Plan: Everyone in the practice will need training on the changes. LAR FRONT DESK - Documentation: Must HIPAA: Privacy use increased specificity. policies must be · Reporting: Health plans revised and patients will have new requirewill need to sign the ments for the ordering new forms. and reporting of services. CODING Systems: Updates to systems may impact Code Set: Codes will increase from 17,000 patient encounters. to 140,000. As a result, code books and BILLING styles will completely change. Policies and Procedures: All paver Clinical Knowledge: More detailed knowlreimbursement policies may be revised. edge of anatomy and medical terminology · Training: Billing department must be will be required with increased specificity trained on new policies and procedures and more codes. and the ICD-10-CM code set. Concurrent Use: Coders may need to use Source: AAPC/Ingenix ICD-9-CM and ICD-10-CM concurrently for a period of time until claims are resolved.





Build your team

Providers should think about:

- Who should be involved in the process?
- Who is your point person to coordinate your plan?
- Who will connect with outside vendors or clearinghouses that you utilize?
- Who will attend trainings offered as well as conduct staff trainings?





Conduct an impact assessment

You will need to determine all areas that will be affected by the change:

- Computer data storage
- Software applications
- Vendors and clearinghouses
- Revised patient questionnaires to obtain information needed for ICD-10 coding
- Impact on electronic health records
- Staff training for clinical documentation





Identify key stakeholders

Possible stakeholders:

- Staff members
- Vendors
- Clearinghouses
- Coders
- Colleagues





Assess staff training needs

Does your staff need?

- A basic overview of ICD-10?
- New office processes?
- New documentation needs?
 - Obtain ICD-10 code books
 - Comparison of commonly used ICD-9 codes to new ICD-10 codes
- New claim submission information?
 - Ex. Obtain new claim forms?





Develop an implementation plan

Possible items to include in the plan?

- A project checklist
- Costs associated with the transition (ex. software changes, new claim forms, ICD-10 code books)
- A plan for software/hardware testing
- Staff training
- Communication plan for vendors





Key Vendor questions

Sample questions for your vendor or clearing house:

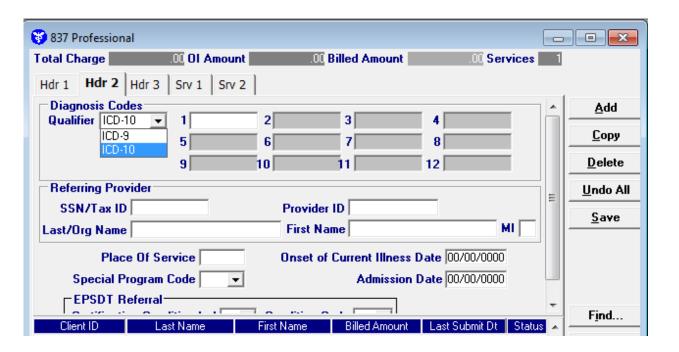
- Will you update my products and applications for ICD-10?
- Will I need new hardware to accommodate ICD-10related software changes?
- Will you provide training on your software?
- Will you help me test my system with payers and other trading partners?

From http://cms.gov/Medicare/Coding/ICD10/Downloads/ICD-10-Intro-Guide.pdf









For PES users, upgrades will be available before the transition. Submitted claims will have to be qualified as either ICD-9 or ICD-10. More information will follow.





WHERE TO FIND INFORMATION ON ICD-10

Centers for Medicare and Medicaid Services(CMS) website has all the latest information to support the transition.

Visit <u>www.cms.gov</u> and enter ICD-10 into the search box for the type of information you are seeking.







WHERE TO FIND INFORMATION ON ICD-10

The Executive Office of Health and Human Service (EOHHS) website will have information specific to Rhode Island.

Visit <u>www.eohhs.ri.gov</u> and click on the ICD 10 tab from the Providers and Partners drop down. An FAQ document is found at:

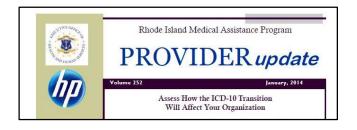
http://www.eohhs.ri.gov/Portals/0/Uploads/Docu ments/MA%20Providers/ICD10 FAQ.pdf







WHERE TO FIND INFORMATION ON ICD-10



Be sure to read the Provider Update each month for the most up to date information.

It is posted on the EOHHS website at:

http://www.eohhs.ri.gov/News/ProviderNewsUpdates.aspx

Or you can receive it electronically by asking for your email to be added to the electronic mailing list.





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Q & A





Thank you for your participation.

Today's event was an overview of the transition to the ICD-10 codes on October 1, 2015. This overview provided general information on impact and planning.

Future sessions will be offered which will provide more detailed information specific to your provider type. Training sessions will be advertised through our monthly Provider Update.



